

distension of small bowel suggests the presence of mechanical small bowel obstruction or intra-abdominal sepsis. These two complications may present with atypical symptoms which may result in delayed diagnosis and increased mortality. Progressive small bowel distension with paucity of colonic gas on plain radiograph suggests a mechanical obstruction and is an indication for re-exploration.

Intra-abdominal abscess remains a potent cause of postoperative morbidity. It is probable that many abscesses are preventable. Successful management depends on accurate localisation and early drainage. The availability of new localising imaging techniques should not be allowed to result in delayed drainage.

We wish to thank Mr E M Hoare and Mr R D Kingston for permission to include their patients in the study, and Mrs J Burn for valuable secretarial assistance.

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## ANNUAL MEETING OF FELLOWS AND MEMBERS 1987

The Annual Meeting of Fellows and Members will be held at the College on Wednesday 9 December 1987. The main theme of the meeting will be *Quality Control*. The programme for the meeting and the application form for those wishing to attend will be available from the Secretary of the College from 1 July and will be circulated in the September issue of the *Annals*. The closing date for receipt of applications to attend the meeting will be Wednesday 18 November 1987.

Fellows or Members wishing to submit motions for consideration at the Annual General Meeting should do so in writing to the Secretary by Friday 28 August 1987 at the latest.

Although our percentage of patients with liver metastasis is higher than seen in Hong Kong, when expressed as a proportion of the patients with Stage IV disease, our figures (30/80) are not significantly different from those of Steele *et al.* ( $\chi^2$  1.12-NS).

We would conclude that patients in Hong Kong may merely be presenting at an earlier stage in the disease process than our patients in Sheffield and that the finding of a lower incidence of liver metastases reflects this, rather than being due to a "geographical and/or ethnic variation in the natural history of stomach cancer . . .".

J L DUNCAN FRCS Ed  
Senior Registrar  
M R ZEIDERMAN FRCS  
Lecturer  
K ROGERS FRCS  
Senior Lecturer

University Surgical Unit  
Northern General Hospital, Sheffield

### The surgical management of pancreatic abscess

We were interested to read the paper from Professor Irving's group (*Annals*, March 1987, vol 69, p64). We have recently reviewed our own experience in the management of pancreatic abscess and feel that our results support the use of closed irrigation of the pancreatic bed.

During the period 1974-1985 we have managed 11 patients with pancreatic abscess. In all these cases the initial pancreatitis was assessed as severe according to Ranson's criteria (1). At laparotomy abscesses were thoroughly debrided and multiple Robinson drains were left in the abscess cavities remaining.

Postoperatively these cavities were irrigated with saline or Diaflex solution, introduced via a urological two-way drainage system which we found to be particularly effective for flushing necrotic slough out (2). Eight of the 11 patients (72.7%) survived. All 3 patients who died (27.3%) had evidence of persisting retroperitoneal sepsis at autopsy and this remains the major obstacle to the development of successful treatment. As Mr Trapnell points out in his assessor's comment, the process of retroperitoneal liquefaction is progressive and thus cannot be defused by the initial laparotomy alone. This is borne out by our experience because we have been able to wash necrotic material out of abscess cavities for many days after the debridement procedure.

Whilst we agree that the key to the management of pancreatic abscess is adequate drainage of the cavity, the optimum method of achieving this end remains unclear. However, we feel that our results support the use of closed irrigation drainage of the pancreatic bed.

M L NICHOLSON FRCS  
Surgical Registrar

(Formerly SHO, Bristol Royal Infirmary)  
Leicester Royal Infirmary

N J McC MORTENSEN MD FRCS  
Consultant Surgeon

(Formerly Senior Lecturer, Bristol Royal Infirmary)  
John Radcliffe Hospital  
Oxford

H J ESPINER ChM FRCS  
Consultant Surgeon

Bristol Royal Infirmary

## INTERNATIONAL STANDARDS ORGANISATION

### Implants for Surgery — Usage of the terms 'valgus' and 'varus'

The British Standards Institution Technical Committee on Surgical Implant Terminology has published a draft for comment on the above terms, as a result of failure to reach international agreement on their usage, particularly in relation to the hip joint. The draft suggests that it is important for all working in the field of orthopaedics to understand that there are differences of usage that are likely to persist; and that authors should carefully define their usage of 'valgus' and 'varus' whenever they occur in published work concerning the hip joint and upper femur. Clinical teachers are also advised to draw the attention of their students to the anomalies, and doctors to be aware of the problem when transferring patients from one country to another.

A copy of the draft can be obtained from Sales Administration (Drafts), BSI, Linford Wood, Milton Keynes MK14 6LE, price £7.50. An addressed label should be enclosed with the order.



# COLLEGE AND FACULTY BULLETIN



JOHN HUNTER 1728-1793

Supplement to the Annals of the Royal College of Surgeons of England

*July 1987*

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# College diary

## July

*Thursday 2*

Election to Council

*Friday 3*

AO/ASIF Course ends

*Tuesday 7*

DDPH examination begins

*Wednesday 8*

Animal Care Course—Animal Anaesthesia (Downe)

Ceremony of Presentation of Diplomates: 2.30 p.m.

College Dinner: 6 pm for 6.30 pm

*Thursday 9*

Animal Care Course—Animal Anaesthesia (Downe)

Quarterly Council: 2 pm

*Monday 13*

COUNCIL VISIT TO CANTERBURY

*Monday 20*

"Principles of Anatomy" Course begins

*Friday 24*

"Principles of Anatomy" Course ends

## August

*Saturday 1*

MUSEUMS AND LIBRARY CLOSED THIS MONTH

*Monday 24*

Revision Course in Physiology/Pathology begins

Basic Science Course for Anaesthetists begins

*Thursday 27*

COLLEGE CLOSED

*Friday 28*

COLLEGE CLOSED

*Saturday 29*

COLLEGE CLOSED

*Monday 31*

BANK HOLIDAY—COLLEGE CLOSED

## September

*Tuesday 1*

D. Orth (Part I) examination begins

*Friday 4*

Revision Course in Physiology/Pathology ends

Basic Science Course for Anaesthetists ends

*Saturday 5*

Surgery Course begins

*Monday 7*

Final LDS (Part II) examination begins

Revision Course in Anatomy begins

*Tuesday 8*

D. Orth (Part II) examination begins

*Friday 11*

Introductory Day for Final FDS Course

*Monday 14*

Final Membership examination begins

*Tuesday 15*

Basic Dental Science Course begins

*Wednesday 16*

FFA Part I/DA(UK) examination begins

*Friday 18*

Revision Course in Anatomy ends

*Monday 21*

Final LDS (Part I) examination begins

Basic Medical Sciences Course begins

Course on Anaesthetics begins

*Tuesday 22*

Primary Fellowship examination begins

Animal Care Course – Laboratory Animals

*Wednesday 30*

Final LDS (Part III) examination begins

## ANNUAL MEETING OF FELLOWS AND MEMBERS 1987

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Fellows or Members wishing to submit motions for consideration at the Annual General Meeting should do so in writing to the Secretary by Friday 28 August 1987 at the latest.

## COUNCIL VISITS 1987

Arrangements are being made for the President and members of Council to visit the following centres in 1987:

Canterbury—Monday 13 July

Belfast—Friday 2 October

Gloucester—Date to be arranged in November

Further details of the individual programmes for each meeting will be circulated to Fellows in the appropriate Regions in due course. Fellows who are not resident within the Region concerned and who wish to attend, may obtain further information from the Secretary from 1 June (for Canterbury), 1 August (for Belfast) and 1 September (for Gloucester).

# College and Faculty news

## MEETINGS OF COUNCIL

At the Ordinary Meeting of the Council held on 12 March 1987 with the President, Mr Ian P Todd FRCS in the chair, the Lady Cade Medal 1986 was presented to Wing Commander Brian T Morgans FRCSGLAS by the Director General of the RAF Medical Services.

The John Hunter Medal and Triennial Prize for 1985-87 was awarded to Dr Basil Morson VRD FRCPATH FRCP FRCS in recognition of his distinguished contributions to pathological anatomy.

The James Berry Prize for 1985-87 was awarded to Mr Bernard O'Brien CMG FRCS FRACS FACS HON FRCS(ED), of Melbourne, in recognition of his contributions to microvascular surgery.

Professor Sir Geoffrey Slaney KBE FRCS Past-President, was elected to the Court of Patrons.

Sir Frank Howard Beddow FRCS(ED) of Liverpool, was elected to the Fellowship *ad eundem*.

Professor Ruth Bowden FRCS was awarded the Wood Jones Medal for 1987 for her outstanding contributions to the teaching of anatomy.

The Victor Bonney Prize for 1985-87 was awarded to Mr Richard Turner-Warwick FRCS in recognition of his outstanding achievements in the field of gynaecological urology.

Professor Miles Irving FRCS was appointed Zachary Cope Memorial Lecturer for 1987.

Professor N Rangabashyam was appointed Stanford Cade Memorial Lecturer for 1987.

The title of Penrose-May Teacher was conferred on Mr P S Boulter FRCS of Guildford in recognition of his outstanding contributions to the training of young surgeons.

The Hallet Prize was awarded to Tarek Ahmed Adel Abdel-Azim.

Mr J L Edwards FRCS was appointed Royal College of Surgeons Surgical Tutor for Aberystwyth for three years in the first instance in succession to Mr W W Kershaw FRCS.

At the Quarterly Meeting of the Council held on Thursday 9 April 1987 Mr Ian P Todd FRCS was re-elected at President for the ensuing year. Mr Peter H Lord FRCS and Professor Sir Roy Calne FRCS FRCS were re-elected and elected respectively as Vice-Presidents for the ensuing year.

The Lister Medal for 1987 has been awarded to Sir Patrick Forrest FRCS(ED) FRCS GLAS FRCS in recognition of his outstanding contribution to surgical science, particularly in the field of breast cancer.

Professor Donald D Trunkey MD of Portland, Oregon was admitted to the Honorary Fellowship of the College, a citation being delivered by Professor Miles Irving FRCS.

Dr Basil C Morson VRD FRCS FRCPATH was awarded the John Hunter Medal and Triennial Prize 1985-7, a citation being delivered by Mr John Alexander-Williams FRCS.

The Sir Arthur Keith Medal for 1987 was presented to Mr Ronald J Townsend FCCA, Chief Accountant of the College, in recognition of his outstanding service over a period of 32 years; a citation was delivered by Mr David L Evans FRCS.

Mr John Doran FRCS(ED) was admitted to the Fellowship *ad eundem*.

Dr J H Baron FRCP of the Royal Postgraduate Medical School and Professor G R Seward FDSRCS of the London Hospital Dental School were elected to the Fellowship of the College without examination.

The President and Council sent a message to Miss Pauline Cutting FRCS expressing their pride and appreciation at her outstanding services to refugees in Beirut.

Support was expressed for the report of the Royal College of Physicians on Melanoma, a condition in which surgery has an important and increasingly effective role to play.

The Jacksonian Prize for 1986 was awarded to Mr R S Taylor FRCS for his dissertation on "An investigation into the causes of failure of PTFE grafts and new techniques to improve patency".

The following Professors and Lecturers were elected for 1987/8:

### *Hunterian Professors*

D Alderson FRCS  
B A Bell FRCS  
J Beynon FRCS  
C A C Clyne FRCS  
D R James FDSRCS  
T W J Lennard FRCS  
S T D McKelvey FRCS  
J P Neoptolemos FRCS  
R D Rosin FRCS  
J D Spencer FRCS  
S J Stephen FRCS  
A G Warren FRCS  
*Arris and Gale Lecturers*  
L C Bart FRCS  
D K C Cooper FRCS  
A H Davies  
D W Gray FRCS

The 61st Macloghlin Scholarship was awarded to Mr John Paul Chambers of King's College, London.

Council received with pleasure the gift of a silver chalice from Mrs Kathleen Warren in memory of her late husband Professor John Kinmonth FRCS member of Council from 1977 to 1982.

The following were appointed Royal College of Surgeons Surgical Tutors for three years in the first instance:

### *South East Thames Region*

(Maidstone)—Mr P A Jones FRCS in succession to Mrs South (Tunbridge Wells)—Mr T G Williams FRCS in succession to Mr Lavy

### *Wessex*

(Swindon)—Mr M C T Morrison FRCS in succession to Mr Huddy

## PENROSE MAY TEACHER

The editor of the *Annals* is pleased to announce the conferment of the title of Penrose May Teacher on Mr P S Boulter FRCS in recognition of his valuable work done for the training of young surgeons over many years.

## SPECIALTY EXAMINATION IN UROLOGY

*Royal College of Surgeons of Edinburgh*

*Royal College of Surgeons of England*

*Royal College of Physicians and Surgeons of Glasgow*

*Royal College of Surgeons in Ireland*

A diet of the Intercollegiate Specialty Examination in Urology, will be held in the Royal College of Surgeons of England on Thursday 15 October 1987.

Candidates will be required to hold the Surgical Fellowship of one of the Royal Colleges of Surgeons of Great Britain and Ireland, and to have completed a period of post-Fellowship training in posts approved by the Intercollegiate Board in Urology of not less than four years, as follows:

- one year in General Surgery in posts approved by the Joint Committee on Higher Surgical Training;
- three years in Clinical Urology in posts approved by the Specialist Advisory Committee in Urology. At least one year of this period must be at the senior registrar level.

The Regulations and application form may be obtained from the Secretariat, Intercollegiate Board in Urology, at The Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW.

*Applications for entry must be received by Friday 21 August 1987. Fee: £230.*

## MEETING OF BOARD OF FACULTY OF DENTAL SURGERY

At the meeting of the Board of Faculty of Dental Surgery held on 27 March 1987 Professor G R Seward was re-elected Dean of the Faculty and Professor A H R Rowe was elected as Vice-Dean both periods of service to take effect from 20 June 1987.

A Faculty Prize is to be instituted which will be available for award to the candidate at a Final FDS Examination who not only comes top but also achieves a standard of excellence commensurate with the award of the prize. The prize will consist of a College medal suitably engraved and a certificate of award. Information will be available in due course as to the date of the Final FDS Examination at which the Faculty Prize will first be implemented.

A gift of £3000 to the Faculty's Commemoration Fund from Mr S Bala FDSRCS was gratefully received.

Steps are now being taken to advertise the full-time appointment of Secretary to the Faculty, the successful candidate to take up his or her duties in October 1987.

Two additional places are to be made available on the Advisory Board in General Dental Practice for representatives of Enrolled Practitioners who do not hold College dental diplomas.

With effect from 1 April 1988, Members in General Dental Surgery are to be asked to pay an annual subscription of £75 p.a. to the College and other Enrolled Practitioners (i.e. those who hold other College dental diplomas apart from the FDSRCS or MGDS) are to be asked to pay an annual subscription of £25. Those who do not hold College dental diplomas who enrol with the Advisory Board will not be required to pay an annual subscription until such time as the two representatives from this group of Enrolled Practitioners are elected to the Advisory Board.

The Board affirmed its support for the rejection by the Conference of Royal Medical Colleges and their Faculties in the UK of the proposal that applicants for Consultant appointments in Wales shall be required to speak the Welsh language or to indicate a willingness to learn it, and stressed that professional merit only should be the determining factor in the appointment to Consultant status.

Mr Keith Last FDSRCS was nominated as the Faculty's Alternate Adviser to the Mersey Region.

Professor John Eastoe FDSRCS was invited to deliver the Charles Tomes Lecture for 1988.

A Vice-Dean's gown which had been specially designed was worn for the first time at this Board meeting together with a gold chain which had been added to the Vice-Dean's badge to replace the original blue ribbon.

## BEN FICKLING COUNSELLOR

Acting upon the recommendation of the Advisory Board in General Dental Practice, the Board of Faculty of Dental Surgery is pleased to approve the appointment of Mr Ian Gainsford MGDS FDSRCS as the Ben Fickling Counsellor to advise candidates for the MGDS examination.

## OVERSEAS SERVICE

The Commonwealth Secretariat is seeking applicants for posts of Senior Clinical Tutor in Microbiology and General Surgery (with a special interest in urology) respectively at the Fiji School of Medicine. Each post is tenable for two years and combines teaching with clinical duties. Recently retired applicants will be considered. Application may be made direct to the Commonwealth Secretariat, Marlborough House, Pall Mall, London SW1Y 5HX, or to the College at which further particulars are available.

## APPOINTMENTS OF FELLOWS TO CONSULTANT AND SIMILAR POSTS

BANNISTER G C FRCS Consultant Senior Lecturer in Orthopaedic Surgery, University of Bristol  
 BHANGOO K S FRCS Chief of the Division of Plastic Surgery and Chief of the Division of Hand Surgery, Mercy Hospital, Buffalo, New York, and Clinical Assistant Professor of Plastic Surgery, State University of New York, Buffalo, USA  
 BOLTON-MAGGS BG FRCS Consultant Orthopaedic Surgeon, St. Helens and Knowsley Health Authority  
 CARRUTH J A S FRCS Consultant ENT Surgeon, Southampton and South West Hampshire Health Authority  
 DE BOLLA A R FRCS Consultant Urological Surgeon, Maelor Hospital, Wrexham, Clwyd Health Authority  
 FRAMPTON M C FRCS (Surg.Cmdr.) Senior Specialist (ENT Surgery), Royal Naval Hospital, Haslar  
 GALLOWAY N T M FRCS Assistant Professor of Urology, Duke University, Durham, North Carolina, USA  
 GLADSTONE D J FRCS Consultant in Cardiac Surgery, Royal Victoria Hospital, Belfast.  
 GOODMAN N W FFARCS Consultant Senior Lecturer in Anaesthesia, University of Bristol, based at Southmead Hospital, Bristol  
 HOUGHTON A L FRCS Radiation Oncologist, The London Regional Cancer Centre, London, Ontario, Canada  
 HOULIHAN F P FRCS Consultant in ENT Surgery, Torbay Health Authority  
 JUREWICZ W A FRCS Consultant General Surgeon with a special interest in Renal Transplantation, Coventry Health Authority  
 KINDER R B FRCS Consultant Urologist with an interest in General Surgery, Cheltenham and District Health Authority  
 KORAB-KARPINSKI M R FRCS Consultant in Orthopaedic Surgery, Yorkshire Regional Health Authority  
 LAURENCE A S FFARCS Consultant Anaesthetist, Preston,  
 LEWIS G A FFARCS Consultant Anaesthetist, West Birmingham Health Authority  
 MARSH C H FRCS Consultant in Traumatic and Orthopaedic Surgery, Somerset Health Authority  
 MEE E W FRCS Consultant Neurosurgeon, Auckland Hospital,  
 RAINSBURY R M FRCS Consultant in General Surgery, Winchester Health Authority  
 SANDERSON C J FRCS Consultant General Surgeon, St. Helens & Knowsley Health Authority  
 SETHIA B FRCS Consultant Paediatric Cardiothoracic Surgeon, The Children's Hospital, Birmingham, Central Birmingham Health Authority  
 SMITH S L FRCS Consultant in Otolaryngology, Hull/East Yorkshire Health Authority  
 SPENCER M G FRCS Consultant ENT Surgeon, Chester Health Authority  
 THALLER V T FRCS Consultant Ophthalmologist, Plymouth Health Authority  
 VON HAACKE N P FRCS Consultant/Senior Lecturer in ENT Surgery, Southampton and South West Hampshire Health Authority  
 WILLIAMS D H FRCS Consultant Orthopaedic and Traumatic Surgeon, Herefordshire, Shropshire and Powys HAS  
 WISHART M S FRCS Consultant Ophthalmologist, Warrington/Halton Health Authorities

## BRITISH STANDARDS INSTITUTION

The College would be interested to know of Fellows (particularly those in the younger group) who would be prepared to represent it on BSI technical committees dealing with matters of relevance to surgery. The Committees have recently been re-structured so as to make their business more distinct and rational, and it is important that there should be a surgical input. The scope of items covered is wide, covering such matters as implants, instrumentation and prostheses.

It is only fair to point out that work on these Committees can be time-consuming and that there may be initial difficulties in absorbing the technical terminology that is used, but those who have become accustomed to these difficulties find the work absorbing and valuable.

Any Fellow who is interested is asked to write to the Secretary of the College, stating his or her particular field of surgical interest.

## MEETING OF BOARD OF FACULTY OF ANAESTHETISTS

At a meeting of the Board of Faculty of Anaesthetists held on 17 March 1987 Dr Aileen Adams and Dr Peter Thompson were re-elected Dean and Vice-Dean respectively for the year from June 1987. Dr Adams, Dr Thompson and Dr Richard Atkinson were elected as the three Faculty representatives on the Council of the Royal College of Surgeons of England.

Sir Gordon Robson and Dr Adams presented to the Board a silver gilt chain for the Dean's Badge. Dr J C Stoddart and Dr W R MacRae were admitted to the Board following their election on 4 March 1987.

Professor J M Desmonts, of Paris, Dr Burnell Brown of Arizona, Professor Z Rondio, of Warsaw, Professor S Vandewater, of Kingston, Ontario and Dr D Moore, of Seattle were elected to the Fellowship in the Faculty.

Dr A Marshall Barr was appointed Faculty Regional Educational Adviser for the Oxford Region, in succession to Dr J Edmonds-Seal, with effect from October 1987.

The following were appointed/reappointed as Faculty Tutors:

### NORTHERN RHA

Dr D M Watson (Whitehaven) in succession to Dr I W Davidson

### EAST ANGLIAN RHA

Dr A G Gray (Norwich) in succession to Dr A M Duthie

Dr R J M Morgan (Gt. Yarmouth) in succession to Dr D J Turner

Dr J P Newell (Addenbrooke's Hospital) in succession to Dr M Tolley

### NW THAMES RHA

Dr J Dawson (Ashford) in succession to Dr J E J Yates

Dr J Gould (Welwyn) in succession to Dr C J R Elliott

### NE THAMES RHA

Dr G Clark (Chelmsford) in succession to Dr J L Handy

Dr D Swallow (Basildon) in succession to Dr V G Punchihewa

\*Dr A Mackersie (G.O.S.)

Dr R Rajendram (Harlow) in succession to Dr Z Zych

### SE THAMES RHA

Dr R Evans (Dartford) in succession to Dr K E Davis

### SW THAMES RHA

Dr S Bhattacharyya (Epsom) in succession to Dr A M Rollin

Dr R Edwards (Worthing) in succession to Dr H R Waters

### SOUTH WESTERN RHA

Dr P Ravenscroft (Taunton) in succession to Dr T A Boliston

Dr F P F Marshall (Exeter) in succession to Dr B W Perriss

### WEST MIDLANDS RHA

\*Dr V Gnanadurai (Dudley/Stourbridge)

Dr G Heap (Nuneaton) in succession to Dr P Taggart

### NORTH WESTERN RHA

\*Dr Y Y Youssef (North Manchester)

Dr J M Fryer (Preston) in succession to Dr R V A Consiglio

### WEST OF SCOTLAND

(Assistant REAs)

Dr A D McLaren (Glasgow Western Infirmary) in succession

to Dr G W McNab (Ayrshire)

Dr R L Marshall (Glasgow Victoria Infirmary) in succession to

Dr C S Cairns (Glasgow Royal Hospital for Sick Children)

\*re-appointments

Certificates of Accreditation were granted to:

### NORTHERN RHA

Dr Andrew John Matthews FFARCS Eng.

Dr Nancy Redfern FFARCS Eng.

### YORKSHIRE RHA

Dr Thomas Philip Cripps FFARCS Eng.

### TRENT RHA

Dr Andrew Peter Graeme Beechey FFARCS Eng.

Dr Penelope Jane Howell FFARCS Eng.

Dr Nicholas George Lavies FFARCS Eng.

Dr Randall Murray Gloynes Pearson FFARCS Eng.

Dr Charles Stewart Reilly FFARCS Eng.

Dr Muriel Kathleen Shaw FFARCS Eng.

Dr Brendan Edward Smith FFARCS Eng.

Dr Todd Duncan Wauchob FFARCS Eng.

### EAST ANGLIAN RHA

Dr Barbara Vivien Latham FFARCS Eng.

### NW THAMES RHA

Dr Michael Anthony Hetreed FFARCS Eng.

### NE THAMES RHA

Dr Michael Anthony Sean Abbott FFARCS Eng.

Dr Richard William Arnold FFARCS Eng.

Dr John Anthony Carter FFARCS Eng.

Dr Jerzy Kazimierz Maryniak FFARCS Eng.

Dr Stephen Mansel Short FFARCS Eng.

Dr Peter Anthony Ventham FFARCS Eng.

### SE THAMES RHA

Dr Janet Filmer Craig FFARCS Eng.

Dr Mark Nigel Edward Harris FFARCS Eng.

Dr Peter Alan Coe FFARCS Eng.

### WESSEX RHA

Dr Isobel Mackenzie FFARCS Eng.

### SOUTH WESTERN RHA

Dr Mary Patricia McAteer FFARCS Eng.

Dr Ian Sidney Gauntlett FFARCS Eng.

Dr Peter Andrew Ritchie FFARCS Eng.

Dr Thomas Edward Woodcock FFARCS Eng.

### WEST MIDLANDS RHA

Dr Josephine Mary James FFARCS Eng.

### MERSEY RHA

Dr Simon Underhill FFARCS Eng.

### NORTH WESTERN RHA

Dr Erica Janice Fazackerley FFARCS Eng.

Dr Carl Leonard Gwinnutt FFARCS Eng.

Dr Ian Douglas McLaren FFARCS Eng.

Dr Russell Gordon Lindsay FFARCS Eng.

### WALES

Dr Anthony Michael James Henry Brooks FFARCS Eng.

Dr Nigel Puttick FFARCS Eng.

### DUNDEE

Dr Neil Stuart Morton FFARCS Eng.

### GLASGOW

Dr Colette Clark FFARCS Eng.

Dr Evelyn Marian Margaret Pollock FFARCS Eng.

Dr William Brown Mair FFARCS Eng.

Dr Alistair Rothney Michie FFARCS Eng.

### ARMED FORCES

Wing Commander William Richard Easy FFARCS Eng.

Major Michajlo Karl Kocan FFARCS Eng.

The DA (UK) was granted to:

Anand, Sunil Sham

Ankorn, Christopher Thomas

Anwari, Jamil Sharif

Bandyopadhyay, Sibani

Bayles, Ian

Berry, Alison Margaret

Botevyle, Lesley Ann

Buxton, Nicholas David

Chiang, Hock Tiew

Cook, Kathleen MacDougall

Curry, Peter David

Dawson, Susan Jean

Donahue, Peter Latham

Dookia, Chandranath

East, Joanna Mary

Edwards, Vivien Ann

Foo, Weng Lee Melvyn

Gayathri, Yedatore Venkatasubba Pandit

Gillespie, David Arthur

Gilmour, Kenneth James

Grout, Paul

Hassan, Yehia Mohamed Ahmed

Hearne, John Philip

Jones, Allan Karl

Kid, Alexander Guilford

King, Louise Alexandra

Kirton, Christine Bernadette

Kyi, Maung Maung

Maz, Stefan Stanislaw

McVey, Fiona Kathleen

Moncrieff, Colin James

Moore, Wieland John

Roper, Robin Mark

Russell, Anthony William

Scott, Steven Fraser Owen

Stowell, Patricia Anne

Taylor-Robinson, Simon David  
 Tran, Yung Van  
 Trotter, Timothy Nigel  
 Versace, Patrick  
 Wheatly, Rachel Sarah  
 Whittaker, David John  
 Wilkinson, Simon Taylor  
 Wilson, Mairi Elizabeth Scott  
 Young, Michelle Cherie Charlotte  
 Baldwin, Sally Anne  
 Davies, Mair  
 Hamis, Shahnaz Kausar  
 Mather, Christopher Michael  
 Nanavati, Mayur Kumar  
 Seddon, Daniel John  
 Silberstein, Nicholas Peter  
 Skipsey, Ian Gerald  
 Tew, David Neil  
 Klonin, Hilary  
 Ooi, Richard  
 Ramaswamy, Aylam Chandran  
 Shambrook, Anthony St John  
 Budrikis, Gary Gerhardt Vincent  
 Fogarty, Declan James

### REPORT OF THE BOARD OF EXAMINERS FOR THE FELLOWSHIP IN THE FACULTY OF ANAESTHETISTS, 19 February 1987

At the recent Part 3 Examination for the Fellowship in the Faculty of Anaesthetists, 298 candidates presented themselves for the Examination, 85 of whom acquitted themselves satisfactorily.

Of the successful candidates, five have not yet complied with the regulations.

The following are the names of the 80 candidates who are entitled to the Diploma of Fellow in the Faculty of Anaesthetists:-

HUTCHINGS, Paul Jeremy George (*Guy's*).  
 GOLDSTONE, John Charles (*Charing Cross*).  
 GOODRUM, David Thomas (*Bristol*).  
 GOVENDEN, Vanunathan (*Dublin*).  
 GRAY, Henry St. John (*Westminster*).  
 KOSCIELNIAK, Zbigniew Jerzy (*Warsaw*).  
 LAYCOCK, Geoffrey John Anthony (*Soton*).  
 LIMB, Robin Iris (*Adelaide*).  
 SARGINSON, Richard Emsley (*Bristol*).  
 BEESE, Eudocie Norma Ann (*Wales*).  
 COOK, Russell Jonathan (*Melbourne*).  
 FRASER, Simon James Cowan (*Tasmania*).  
 JONES, Hugh Michael (*Birmingham*).  
 SMEELE, Paul Quirinus (*Otago*).  
 BANNISTER, Jonathan (*Sheffield*).  
 DAVIES, Anne Jane (*Guy's*).  
 ELLIOTT, Richard Hugh (*Wales*).  
 GREENHALGH, Donna Louise (*Manchester*).  
 HART, Anne Mary (*Glasgow*).  
 HOOD, Gillian (*Leeds*).  
 HUGGINS, Nigel John (*Birmingham*).  
 KNIBB, Aston Andrew Adolphus (*U.C.H.*).  
 LYEW, Michael Andrew (*West Indies*).  
 METS, Berend (*Stellenbosch*).  
 PAYNE, Jacqueline (*Cork*).  
 PIGGOTT, Susanna Elizabeth (*Birmingham*).  
 ROBERTS, Gerard William (*Bristol*).  
 RUSSELL, Grant Kingsley (*St. Mary's*).  
 SMALLMAN, Jayne Mary Bernadette (*The London*).  
 SMITH, Margaret Rebecca (*St. Mary's*).  
 WAITE, Kathrin Elizabeth (*St. Thomas's*).  
 WOOD, Carine Henriette (*Paris*).  
 ABBOT, Paul (*Leeds*).  
 BAKER, Julie Anita (*Bristol*).  
 BARRY, Jayne Elizabeth Sarah (*Wales*).  
 BEAUMONT, Anthony Charles (*Charing Cross*).  
 BENNETT, John Russell (*Birmingham*).  
 BURNS, Jane Wilson (*Glasgow*).  
 CAMPBELL, David Neil Clark (*Royal Free*).  
 CHAN, Ka Yuen (*Hong Kong*).  
 DAVIES, Ian Mark (*Wales*).  
 DAVIES, Robert (*Wales*).

FAIRFIELD, John Edward (*Birmingham*).  
 HEATH, Peter John (*Birmingham*).  
 HOWELL, Paul Richard (*Manchester*).  
 HUGHES, Kim Rosemary (*St. Mary's*).  
 JOHNSTON, Paul (*Birmingham*).  
 MAGEE, Patrick Terence (*Westminster*).  
 MARTIN, Adrienne (*Bart's*).  
 MASSEY, Nicholas John Alexander (*Middlesex*).  
 MURRAY, Alan William (*Glasgow*).  
 NELSON, Vivienne Margaret (*Leeds*).  
 PURDIE, Jane Ann Mills (*Glasgow*).  
 ROWE, William Lawrence (*Leeds*).  
 SEVERN, Andrew Moore (*Newcastle*).  
 SHELDRAKE, John Hobson (*Birmingham*).  
 WILKINS, Christopher John (*Bristol*).  
 YAU HOK MAN, Gordon (*KCH*).  
 COE, Andrew Julian (*Liverpool*).  
 COUNSELL, David John (*Leicester*).  
 CRUICKSHANK, Robert Henry (*Newcastle*).  
 DUMONT, Stephen William (*Wales*).  
 EWART, Ian Alexander (*Royal Free*).  
 HEARN, Melanie (*The London*).  
 KEENAN, Marie Catherine (*Glasgow*).  
 KERR, Lorna Isobel (*St. Thomas's*).  
 LEACH, Austin Alexander (*St. Thomas's*).  
 MARTIN, Alistair John (*Newcastle*).  
 McCONACHIE, Ian William (*Aberdeen*).  
 McLUCKIE, Angela (*Guy's*).  
 MULVEY, David Anthony (*Bart's*).  
 NICHOLS, Paul Kenneth Trevor (*Wales*).  
 PATEMAN, Jane Ann (*KCH*).  
 PATEY, Rona Elizabeth (*Aberdeen*).  
 PENNANT LEWIS, Rhian (*Manchester*).  
 POPHAM, Philip Andrew Bryan (*St. Thomas's*).  
 RAY, Dominic Andres Anthony (*Birmingham*).  
 ROBB, Henry Morgan (*Dundee*).  
 SKACEL, Mark (*U.C.H.*).  
 WINTER, Robert James (*Nottingham*).

### DONATIONS TO THE COLLEGE

During the past few weeks the following gifts have been received/promised:

*For the general funds of the College and its Hunterian Institute*  
 One covenant and 15 annual payments totalling ..... £5,420  
 Seven legacies and 5 further bequests totalling ..... £185,004  
 Donations over £500 totalling ..... £10,500  
 Donations under £500 totalling ..... £2,332

*For special purposes within the College and its Hunterian Institute*

Further legacy payment for research into heart surgery ..... £11,427  
 From the late George Bernard Mason, a further legacy payment for the Bernard and Ethel Mason Tutor ..... £10,345  
 From Mr Harold Bridges' Foundation to support Dr Proctor's salary and work ..... £8,000  
 From Cartwright Brice & Co for research organised by the Faculty of Anaesthetists ..... £5,000  
 From the Enid Linder Foundation a further donation of £1,000 towards Dr Proctor's work in the Department of Physiology  
 To cancer research ..... £36

### DEATHS OF FELLOWS AND DIPLOMATES

The *Annals* reports with regret the deaths of the following Fellows and Diplomates:

BAKHSHI, Surajkaul FRCS  
 BATCHELOR, John Stanley FRCS  
 BRYAN, Neil William L.D.S.R.C.S.  
 COLEMAN, Mark MS FRCS  
 DAWSON, James FRCS  
 DE SARAM, Phyllis Maureen FRCS  
 DODD, William Harold Alfred (The Reverend) FRCS  
 GILMARTIN, Thomas James FRCS  
 GORDON, John FRCS  
 IFFLAND, John (Colonel) FRCS  
 JEFFERY, Archibald Louis Percy FRCS  
 JORDAN-SIKORSKA, Zbigniewa Adriana FRCS



KNIGHT, Ronald Frank, FFARCS  
 LAURIE, David Ernest LDSRCS  
 OLIVER, Frederick William FFARCS  
 PATTERSON, William John FFARCS  
 PICK, Michael Pickering FRCS  
 POLLOCK, Arthur Alexander D.A.  
 SAMY, Lewis Labib FRCS  
 SEN GUPTA, Amarendra FRCS  
 SHEPHERD, Percy Rae FDSRCS  
 TOMPKIN, Albert Michael Barry FRCS  
 WOODWARD, John Michael FRCS

## INTER-FACULTY/COLLEGIATE LIAISON GROUP ON INTENSIVE THERAPY

Because of concern over the lack of a formal training programme for doctors wishing to specialise in Intensive Therapy a Liaison Group was established by the Conference of Medical Royal Colleges and their Faculties, following discussion between the Presidents of the Royal College of Surgeons of England and Royal College of Physicians, London and the Dean of the Faculty of Anaesthetists of the RCS England. Its initial membership comprised one representative from the Royal College of Surgeons, Professor Miles Irving, who became Chairman, three from the Faculty of Anaesthetists, Professor Donald Campbell, Professor Cyril Conway and Dr R S Atkinson, and three from the Royal College of Physicians, Dr Gillian Hanson, Professor Stephen Semple and Dr Hugh Leather.

The remit of the group was to establish a training programme for intensive therapy and to identify posts at Senior Registrar level where this training could be undertaken. Since the first Report of the Group, which was accepted by the Meeting of the UK Conference in January 1985, the membership of the Group has changed and enlarged. Following the retirement in rotation of Professor Campbell as Dean of the Faculty of Anaesthetists and the death of Professor Conway, Dr Aileen Adams and Professor Gareth Jones have joined as representatives of the Faculty of Anaesthetists. The Scottish Colleges are now represented by Dr A L Muir and the Royal College of Surgeons in Ireland is represented via its Faculty of Anaesthetists in the person of Dr D C Moriarty.

The first Report was submitted to and approved with minor amendments not only by the UK Conference of Medical Royal Colleges and their Faculties, but also by the RCP, London, the RCS England, the Faculty of Anaesthetists, and the Joint Committees for Higher Training of Surgeons, Anaesthetists and Physicians (JCHST, JCHTA, and JCHMT).

The group has been unanimous in its recommendations, some of which may appear controversial. Thus it does not recommend the emergence of the 'Intensivist' as a separate specialist, but considers that consultants with a special interest in intensive therapy would also pursue a clinical career in their parent speciality (anaesthesia, medicine or surgery). Training in intensive therapy would be additional to that required for accreditation in the parent speciality.

The total duration of training would normally be a minimum of seven years, during which the candidate would obtain either the MRCP(UK), FFARCS, FRCS or equivalent qualification by the completion of General Professional Training. Higher Professional Training would need to satisfy the requirements for accreditation in General Medicine of the JCHMT, in Anaesthesia of the JCHTA or in the appropriate surgical speciality of the JCHST.

Additional training is necessary for the trainee to become familiar with intensive therapy in its widest sense. Although rigidity in training programmes should be avoided, trainees intending to pursue a career in Intensive Therapy are advised to seek relevant posts such as respiratory medicine, cardiology, nephrology and acute general medicine or anaesthesia, while at the same time meeting the requirements for General Professional Training of their own College or Faculty.

The Group further recommends:-

- a) A total of two years should be spent in recognised posts in Intensive Therapy. Where this has not been achieved during higher professional training, extra time may be required. Up to one year of this time could be spent prior to entry into a higher training programme.

- b) During the totality of training, a period of 12 months should be spent in medical training by a trainee whose general and higher training has been conducted in the speciality of Anaesthesia.
- c) During the totality of training, a period of six months should be spent in appropriate anaesthetic practice by a trainee whose general and higher training has been conducted in the speciality of Medicine.
- d) Ad hominem approval of a training programme can be considered in respect of a trainee whose general and higher training has been conducted in specialities other than Medicine or Anaesthesia or who has not complied with b) or c) above.
- e) During the period of additional training, the undertaking of relevant clinical research is to be encouraged.

Nothing in these proposals should be regarded as a bar to the recognition of a candidate who gains part of his experience in the care of patients in other circumstances, for example, in hospital posts overseas which are not on the approved list, but are deemed suitable for training purposes by the appropriate SAC or Joint Committee.

Following acceptance of its First Report the Liaison Group considered the provision of a more detailed training scheme. A working party was established with two representatives from the Liaison Group, two from the Intensive Care Society and three members with expertise in special aspects (Paediatrics, Trauma and Neurosurgery). A document "Content of Training in Intensive Therapy" was produced and submitted to relevant bodies, including the UK Conference of Medical Royal Colleges and their Faculties. As a result of this consultation a number of modifications were made to the original document, which was then finalised by Conference.

The next task of the Liaison Group was to consider the establishment of a limited number of pilot training schemes. The Group requested a few written submission of proposed schemes via Regional Postgraduate Deans. It also made an approach to the Joint Planning Advisory Committee (JPAC) for the creation of a small number of additional training posts. The Group had in mind the possible re-allocation of some discontinued posts in higher medical training schemes. Inspection and approval of the training posts will obviously be necessary and the Liaison Group has suggested that it should itself be responsible for these tasks. The actual visiting panel should include one member of the Liaison Group and two from the appropriate College or Faculty, it being understood that there would always be an anaesthetist and a physician in the visiting team and that the choice of visitors would pay due regard to the particular skills and interest of the unit to be inspected. The Liaison Group further envisaged that when a trainee had satisfactorily completed the approved period of training the Group would inform the appropriate SAC/Joint Committee, responsible for accreditation.

At the present time the major problem remains the provision of funds to institute the training scheme by the establishment of the supernumary senior registrars in intensive therapy. Up to the present, JPAC has not been willing to authorise creation of these posts on the grounds that they should come out of existing senior registrar establishments. However negotiations with the JPAC and the DHSS continue and the outcome should soon be known.

If the outcome is positive and a number of senior registrar training posts become available other Regions will be asked to submit proposals to the Liaison Group. Such proposals should involve a number of training centres within the Region. Submitted programmes should cover the training requirements listed in the Liaison Groups documents and should not interfere or disrupt existing training programmes in the parent speciality. So far the group has considered one proposal and is awaiting receipt of three others.

The Liaison Group continues to meet. It has made substantial progress in a difficult multidisciplinary area. Its members from different specialities have worked together in a remarkable atmosphere of goodwill and co-operation and this has been reflected in the way that parent bodies have commented on its reports. Difficult hurdles remain, but the aims of the Group are unchanged - to improve the training of future consultants with an interest in intensive therapy and thereby to improve the treatment of patients admitted to intensive therapy units throughout the U.K.

## FACULTY OF ANAESTHETISTS ANNUAL MEETING, 1987

*The 39th Annual Meeting of the Faculty of Anaesthetists was held on 18 March 1987, with Dr Aileen K Adams, Dean, in the Chair.*

*Professor Sir Geoffrey Slaney KBE was admitted to the Honorary Fellowship in the Faculty, the following citation being delivered by Professor Donald Campbell:*

For a profession such as ours to deserve its status and position of privilege in society it must continuously display its worthiness. Much depends upon its choice of leaders for their good sense, their advocacy and style as they represent our views on matters of national importance and public concern. Leaders of such quality and integrity are always at a premium but fortunately, as if by some inexorable law of nature, these men and women appear to lead us when most needed. They invariably display the honourable stigmata of vision, courage and passion and are no strangers to controversy. Sir Geoffrey Slaney is undoubtedly one of that select band.

Sir Geoffrey graduated from the distinguished medical school of Birmingham in 1947, a school that has produced three Presidents of Royal Colleges in a short space of time. Following service in the RAMC he was appointed Lecturer in Surgery and Surgical Research Fellow at the Queen Elizabeth Hospital in Birmingham from 1953–59 during which time he acquired his Fellowship of this College, won the Jacksonian Prize and Medal and spent time in Chicago furthering his interest in vascular surgery. He was awarded his Mastership in Surgery of the University of Illinois and on his return to Birmingham was awarded the Mastership of Surgery of that University too, in 1961. Like many destined for higher things he became Hunterian Professor of this College from 1961–62. Ten years later, his great skill and distinction in surgery as operator, teacher and researcher was recognised when he was elevated to the Barling Chair and Headship of the department of surgery at the Queen Elizabeth Hospital, positions which he still holds today.

Sir Geoffrey's eminence in his chosen field was early recognised at home and abroad and he was President of the Vascular Surgical Society of Great Britain from 1974–75 as well as an active member of the International Society of Cardiovascular Surgeons. In the ensuing years he has flown the flag for British surgery wherever he has gone, recognised by Colleges and Associations throughout the world, being now an Honorary Fellow or Member of most, from the Americas to the Antipodes.

All of these honours and distinctions are generally known and deservedly applauded but it is for his other achievements, especially in our own country, that we seek to honour him today. As Councillor and lately President of our Royal College he has been at the head of affairs in times of unprecedented difficulty for our profession and for all the independent Colleges. He has striven mightily with Government to establish a fair and sensible career structure in the profession worthy of the talented young men and women who have chosen medicine as a career and worthy of the public we seek to serve.

Sir Geoffrey has also seen the need for closer collaboration between Royal Colleges and Faculties which have at times seemed to be in sorry disarray and has emerged as a respected leader in their attempts to deal more effectively together with matters political but as importantly with internal matters of great significance for the maintenance of the highest standards of excellence through the training and education of doctors particularly with respect to the needs of the increasingly important surgical specialties. Also his aim has been to seek agreements that do not interfere with the traditional autonomy of the ancient colleges but maintain for the future the high standing of British surgery in the world and this College's place in the vanguard. Already an expert angler he became "a fisher of men".

Nearer to home, Sir Geoffrey has given a proper priority to the vital matter of the further evolution of this College with particular reference to our own Faculty and the Hunterian Institute. Those of us who have had the honour to serve along with him will best appreciate the consideration, courtesy and practical help he has afforded in recognising and furthering the natural aspirations of our own specialty, always consistent with the dignity and traditions of this Royal College.

These are only a few illustrative examples of Sir Geoffrey's tireless energy and legendary courage in difficult times and one

suspects all must in no small measure be based on the sure foundation of a secure and happy family life. Lady Slaney has graciously and constantly supported him throughout and we are grateful for that.

Finally, I would like to repeat the words of Francis Bacon which I quoted recently in toasting Sir Geoffrey as this year's Hunterian Orator since I can find none better; "He is a debtor to his profession... who has fulfilled his obligation to repay that debt by becoming for his profession... a help and ornament thereunto." No one could be more fitting to receive this mark of our highest regard and it is my privilege to present Sir Geoffrey Slaney for admission to the Honorary Fellowship of the Faculty of Anaesthetists of the Royal College of Surgeons of England.

*Professor Keith Sykes was presented with the Faculty Medal, the following citation being delivered by Professor John Norman:*

Dean, President, Ladies and Gentlemen. At the end of the small ceremony at which successful candidates for the Final Fellowship examinations are told of their success, the chairman leaves them with the hope that "their success will be an incentive to cultivate the science as well as the practice of anaesthesia". In the eight years in which I have been privileged to serve as an examiner, some chairmen have altered the formula. Fellows have been exhorted to cultivate the science and art of anaesthesia, or the science and craft of anaesthesia and on possibly one occasion the art and craft of anaesthesia—although what we would do with an arty-crafty anaesthetist I don't know. Perhaps fortunately, few candidates recollect much of what is said to them at that late hour of the day. But I like to think whichever formula was used in 1955 that Keith Sykes did hear it—and took note. For in awarding him the Faculty Medal today, we honour him for his many and varied contributions to the science, the practice, the art and the craft of anaesthesia.

Professor Sykes was born in 1925 and had the fortune, as have had a significant number of anaesthetists, to receive some of his education in Yorkshire. He went up to Cambridge and then on to University College in London. Following service in the Army he returned to UCH and took up anaesthesia as an SHO, a registrar and a senior registrar. Then on in 1958 to Hammersmith and the Postgraduate Medical School where he ascended another ladder; first as lecturer, then as senior lecturer and in 1967 on to Readership and in 1970 to that most delightful of positions—a personal chair. Following that there really was only one possible move and in 1980 he was appointed, to the great delight of the whole anaesthetic community, to the Nuffield chair at the University of Oxford.

His contributions to the science of anaesthesia are too many to be listed here but I would like to pick out a few. In 1961 he published a masterly controlled trial of the use of paralysis and artificial ventilation in neonates with tetanus—the result of a Wellcome Trust visit to Durban. To change a mortality from 84 to 44% is a magnificent achievement combining in one of the most difficult areas of care the science and practice of anaesthesia. More recently you will remember his work in elucidating the effects of anaesthesia on the hypoxic vasoconstrictor mechanism of the lung, on high frequency ventilation, on the production of standards for testing mechanical ventilators and on designing new, safe anaesthetic machines.

I would like to spend a few moments on Keith's other activities. He is one of our finest lecturers. I read some notes I made on the Faculty course here in 1962 when he lectures on "Hypoxia: Prevention and Treatment". There is little that needs changing some twenty-five years later. His lectures and tutorials are always a delight being clear, well argued and presented with a proper regard to time. I had the good fortune to be taught what were almost the black arts of anaesthesia for cardiac surgeons and cardiac surgery as a senior registrar in the 1960's. His skill at managing the patients and the surgical team was consummate and only when he left us to carry on without him did we realize his mastery of the art and craft of anaesthesia. I am extremely grateful to him for sharing a vast amount of clinical and scientific knowledge.

Keith has additional talents. Two of the most popular books for anaesthetists are largely from his pen—the classic text on Respiratory Failure and the monograph on Measurements for Anaesthetists. Both are clearly written, well illustrated—and more than ready for reissue.

He has served this Faculty well: as a highly popular course tutor, as a lecturer, as an examiner and as a member of the Board. He continues to support us by being the adviser in anaesthetics to the DHSS.

Since 1956, there has been an ambassadress for anaesthesia in the Sykes household. Michelle is a lady to whom we owe much, for her support for Keith and for the superb hospitality she has so capably and generously given to the anaesthetic community and in particular the many overseas graduates who have worked either at Hammersmith or at Oxford.

Dean, as a former student and trainee of Keith Sykes, it is with great pride that I deliver this citation. We may be offering him the Faculty's medal; I would suggest to you that he is the very model of what we would wish our Fellows to be. Dean, I present to you for the award of the Faculty Medal, Professor Malcolm Keith Sykes.

*Dr Patricia Josephine Flynn was admitted to the Fellowship in the Faculty ad eundem.*

*Dr Colin John Runcie was presented with the Nuffield Prize.*

*Mr Ian P Todd, President, delivered an address to the Meeting.*

*The Dean addressed the Meeting as follows:*

Yesterday the Faculty held a memorial meeting in honour of Sir Ivan Magill, a prelude to the much larger meeting next year on the occasion of what would have been his 100th birthday and organised by all three anaesthetic bodies, the Royal Society of Medicine (Anaesthetics Section), the Association of Anaesthetists and the Faculty.

At the Board meeting in the afternoon two new Board Members were admitted, Dr J C Stoddart and Dr W R MacRae, elected to the vacancies caused by the death of Professor C M Conway and the retirement in rotation of Professor J Payne. The specialty is grateful to them for their loyal and unstinting service and is fully confident that the new Members will serve the Board equally well.

The Dean and Vice-Dean were both re-elected to serve a final year in each case, and Dr R S Atkinson was elected as the third Board representative on Council of the College.

### **Constitutional position of the Faculty**

At the AGM of the College last year in Leicester, the President reported Council's agreement to seek the approval of the Privy Council for the granting of Collegiate status to the Faculty. This was a momentous decision for anaesthesia. The support and understanding of our surgical colleagues is particularly appreciated, and it is possible that before our next Annual Meeting our new status will be achieved. It has been a process of such importance that hasty decisions might well have been disastrous to the specialty as well as to the Royal College. A solution has been sought which will enhance medicine as a whole, by obtaining for anaesthetists the status and independence we aspire to, without further fragmentation of the medical profession and the weakening this may involve. At present the Privy Council is considering the constitutional changes which are needed.

### **Intensive Therapy**

The Inter-Faculty/Collegiate Liaison Group, chaired by Professor Miles Irving (RCS) has enlarged its membership. It now has four physicians and four anaesthetists, the latter including a representative of the Irish Faculty. The Group has carried out a visit to a proposed regional training scheme, and learned much from this, not only about the feasibility of providing advanced training in Intensive Therapy, but also the problems to avoid whilst so doing.

Perhaps the most valuable aspect of the Liaison Group's work is to be aware of the increasing accord between these specialties, in improving the care of the critically ill patient.

### **Relief of Intractable Pain**

The Board is considering whether the time has come to make a similar multidisciplinary approach to this field, and has had useful input from the Intractable Pain Society.

### **Dental Anaesthesia**

Last year the DHSS agreed to fund a small number of training posts for dental surgeons who wished to gain proficiency in

giving anaesthetics. It is disappointing that there seems to be a dearth of high quality applicants for these posts and they have not been outstandingly successful. However it is intended to ensure that appropriate training is available for those who want it.

### **History and Archives**

Anaesthesia is a young specialty, and many of the founders of the Faculty are alive and well, and it is important to record and document its history. A History and Archives Working Party has been set up to consider this, and in addition to several Board Members the Working Party has coopted some experts including Dr Audrey Eccles, the Association of Anaesthetists' Archivist and Mr Ian Lyle, the College Librarian.

Dr J G Fairer's research into the causes of death of male Fellows since 1948 was reported at a recent RSM meeting and shows that in spite of years of "pollution" anaesthetists are a healthy group on the whole. The Working Party is accumulating biographical details of our Fellows.

With the International History of Anaesthesia Symposium to be held in this College in July and the formation of the History of Anaesthesia Society in the U.K., perhaps as a change from manpower, this year will see the more peaceful topic of history take its place.

### **Overseas Doctors' Training Scheme**

Some publicity has recently been given to this scheme as initiated by the RCS and RCP who were given finance by DHSS to start pilot schemes. It should be remembered that other bodies including the Faculty have run similar schemes for many years, although on a more restricted and informal basis. The Bernard Johnson Postgraduate Adviser, Dr John Bushman, is responsible for this and will report in detail to the Advisory Panel and Tutors' Meeting later this year. Meanwhile, it is important to stress that any hospital which wishes to employ and train an overseas doctor is free to appoint to a training grade any doctor it regards as suitable, without either advertisement or interview. The Chief Medical Officer has recently reiterated that there is no statutory requirement for interviews except for consultant appointments.

### **Dean's Overseas Visits**

The Dean has represented the Faculty at four meetings abroad this past year, the Association of University Anaesthetists of South Africa in Cape Town, the meetings of the Singapore and Malaysian Academies of Medicine in Singapore and Kuala Lumpur, the International Meeting of Faculties and Boards of Anaesthesia in Dublin, and an informal meeting of Fellows in Hong Kong.

### **Finance Committee (Chairman – the Dean)**

The Faculty's finances are now separated from those of the College thanks to much hard work by Mr R J Townsend, our Chief Accountant. Whilst there is an excess of income over expenditure it is essential to build up sufficient capital reserves to maintain this independence. An immediate target of £750,000 capital was set and unless major or unforeseen changes occur this will be achieved by 1988 on the present subscription. It is certainly not enough to provide financial stability and only when this has been established can the Faculty go out to potential benefactors and seek their help in the form of donations and grants.

The College itself raised from its own charitable appeal last year the magnificent sum of £1.8 million. The Faculty no longer has an automatic direct share in this, as a body with independent accounts, although it benefits indirectly in many ways. It uses the College facilities, having access to lecture rooms, committee rooms, dining halls etc., on a scale that would be extremely expensive elsewhere. The Faculty also has access to the expertise of the College's financial staff, their fund-raising activities and is grateful for much other advice and help.

In return, the Faculty contributes to those charitable objectives shared with surgeons and dental surgeons, specifically to the Hunterian Institute, under whose umbrella all the research activities of the College now exist. These activities, particularly the departments of pharmacology, anatomy, physics (magnetic resonance), all contribute directly and indirectly to the advancement of anaesthetic as well as surgical knowledge, and for this reason the Faculty has contributed two annual dona-

tions of £30,000 towards the Hunterian Institute. We are proud too that the Master of the Hunterian Institute is Sir Gordon Robson, one of our own Fellows.

Many people do not realise that the BOC Research Chair is not the responsibility of the Faculty, but of the College. BOC in its centenary year most generously increased the endowment of the Research Development of Anaesthetics to the magnificent sum of £850,000 thus ensuring its continuation and expansion for years to come. In a time of cutback of university funds and grants from research bodies, it is most fortunate to have an independently-funded chair to advance knowledge in anaesthesia, and the College and Faculty must express its enormous gratitude to Professor James Payne, who has spent so much of his energy during the last few years of his tenure of office in ensuring the future of the department for his successors. The Chair will continue to be administered by the College through the Hunterian Institute and the University of London.

In stressing the need for independent funding, we are also particularly grateful to the Frances and Augustus Newman Foundation for generous support of the computer learning project which will be completed in one year's time, and in particular to Mrs Helen Eppel whose efforts were responsible for this grant.

An initial grant has been received from Mr Anthony Brice of Hillsdown Holdings towards endowing a research fellowship at lecturer level, and a number of other bodies give smaller sums regularly.

#### **Presentation of accounts**

A short summary of accounts has been distributed today. In future these will be presented in a more informative and clear way.

The Board agreed yesterday to adjust the subscription annually according to the rate of inflation, until such time as the need to make definite changes arises.

*Chairmen of the appropriate Faculty Committees addressed the Meeting as follows:*

#### **Examination Committee (Chairman – Professor A A Spence)**

The Part 1 and 2 examinations are now well established and the new Part 3 format was introduced in January 1986. The pass rate on the first occasion was disappointingly low and to some extent reflected a particularly bad performance in the modified essay paper. Overall, candidates have performed better subsequently but many still appear to lack the ability to identify the main points of an answer and present them in a logical manner within the time allocated.

The February 1987 Part 3 examination was the first in which there was elimination of candidates who had performed so badly in the essay and MCQ sections, taken together, that they had no prospect of passing the examination. About a third of the candidates presenting were eliminated in this way, which was rather more than had been anticipated.

#### **Hospital Recognition Committee (Chairman – Dr J S M Zorab)**

During 1986, the Hospital Recognition Committee (HRC) continued its programme of visiting and reporting on General Professional Training in most of the acute hospitals in the United Kingdom. A debt of gratitude is owed to the Faculty's Advisers and Tutors, and to the vast majority of consultant anaesthetists who make sterling, sometimes heroic, efforts to implement the Faculty's recommendations, despite a continuing shortage of resources.

The Committee receives valuable help through cross-membership with its surgical counterpart and with the Royal College of Obstetricians and Gynaecologists.

The HRC has now completed its revision of the Criteria for General Professional Training. This document has now been approved by the Board and will form the basis for educational recognition in the coming years.

It is hoped that consultants will find this guide of value both in maintaining the training standards within their departments and in negotiating with their managers for appropriate funding.

The Faculty's ultimate sanction is withdrawal of educational recognition. This sanction is not lightly used but can have a

devastating effect. The Board remains prepared to withdraw recognition in those instances when, for whatever reason, educational standards fall and remain at unacceptable levels despite recommendations for improvement. Whilst it is not the Faculty's task to implement manpower recommendations, neither is it appropriate for the Faculty to continue to recognise sub-standard training hospitals. Financial stringency is not a reason for compromising educational standards—and the maintenance of standards is the central role of the Faculty.

#### **Education Committee (Chairman – Dr D B Scott)**

The Education Committee has continued with its regular activities in the last year.

One of the big successes of the past few years has been the Postgraduate Study Day which is run jointly by the Faculty and the Association of Anaesthetists.

For the coming year, the Scientific Meeting held jointly with the British Journal of Anaesthesia will be on May 8th on "Anaesthesia and Myocardial Ischaemia" and the Symposium in November will be devoted to Cardio-pulmonary Resuscitation. Next year's Anniversary Forum will be devoted to common problems in intensive care.

During the past year the Faculty have supported three Rank Fund Lecture Tours and three more will be undertaken this coming year. The Introductory Course has been discontinued, but other courses continue as before.

#### **Manpower Advisory Panel (Chairman – Professor J Norman)**

The Faculty has been involved with three main activities in the last year.

First, its Joint Working Party on Regional Manpower has been collecting information about the distribution and career intentions of junior anaesthetists in district and teaching hospitals. It is also collecting information as to the variety of staffing patterns in hospitals. It will report this year with the aim of helping districts assess their needs for junior staff for service and teaching commitments.

The Manpower Advisory Panel has been active in discussions with the Joint Planning Advisory Committee (JPAC) as to the numbers and distribution of senior registrars in England and Wales. The result is that the number of senior registrars is to remain unchanged but there will be some minor adjustments in numbers in individual regions. Data collected by the Faculty is assessing the number of consultant posts being created and will be used in further negotiations with JPAC. The Faculty is convinced there is still a need for expansion of consultant numbers to ensure a high standard of anaesthetic services.

Finally, the Faculty has given initial considerations to the problems presented by 'Achieving a Balance'. In anaesthesia the career problems of junior staff are somewhat less than in some other specialties but there is evidence of some delay in promotion prospects for registrars. Achieving any balance will be difficult given the skills necessary for immediate cover essential in anaesthetic services, unless there is some reorganisation of surgical and other services. The concept of a 'safety-net' in acute hospitals, the level below which first-on-call cover must not be allowed to fall, is one being watched carefully.

#### **Standing Advisory Committee on Obstetric Anaesthesia and Analgesia of the Faculty of Anaesthetists and the Royal College of Obstetricians and Gynaecologists (Chairman—Professor M Rosen)**

The Committee has continued the encouragement of joint educational meetings which have been held in Glasgow, Liverpool, Manchester and at the last Symposium (November 1986) of the Faculty. Programmes of instruction for Basic and Advanced Resuscitation of the Newborn are being prepared with representatives from the British Paediatric Association, the RCOG and the Royal College of Midwives, and a Working Group is examining the development of an improved neonatal model to aid teaching. The Committee has drafted advice to the College and Faculty on safer practice when an epidural block is in place recommending the continuous presence of a person capable of cardio-pulmonary resuscitation of a pregnant woman. The incidence of serious morbidity associated with epidural block is not available although believed to be low and an enquiry to establish this incidence is proposed.

## Other announcements and events

### Eighth Asian Congress on Thoracic and Cardiovascular Surgery

The above congress will be held at the Westin Stamford Hotel, Raffles City from 30 October to 3 November 1987. Original papers are invited. Further details of programme, costs, accommodation and international guest speakers from: Academy of Medicine, Singapore, Tiong Bahru, PO Box 694 Singapore 9116 (tel: 2238968/2245166; telex: RS40173 ACAMED).

### Ninth Congress of Asian Association of Paediatric Surgeons

The above congress is being organised by the Chapter of Surgeons of the Academy of Medicine, Singapore, from 6 to 10 April 1988. The theme is *Advances in Paediatric Surgery*. Further details of lectures, symposia, workshops and courses from: Academy of Medicine, Singapore, Tiong Bahru, PO Box 694, Singapore 9116 (tel: 2238968; telex: RS40173 ACAMED).

### 21st Annual Combined Surgical Meeting

The above meeting is being organised by the Chapter of Surgeons of the Academy of Medicine, Singapore, from 27 to 29 November 1987. The theme is *New Technology in Surgery*. Further details from: Academy of Medicine, Singapore, Tiong Bahru, PO Box 694, Singapore 9116 (tel: 2238968; telex: RS40173 ACAMED).

### Aids and the Surgeon

The first international symposium on the above subject will be held at the London Lancaster Hotel from 1 to 2 December 1987. Further details from: Ms P Sleight, BDI Conferences, Kensington Business Centre, 9-11 Kensington High Street, London W8 5NP (tel: 01 938 1721).

### Pyrford Course in Orthopaedics

The 76th course in orthopaedics (suitable for final FRCS candidates) will be held at the Rowley Bristow Orthopaedic Hospital, Pyrford, Surrey on 19 to 20 September, on 3 to 4 October and on 17 to 18 October 1987. The course has been approved for study leave under HM (67) 27 and the fee is £150. Further details from: the Course Secretary, Rowley Bristow Orthopaedic Hospital, Pyrford, Surrey (tel: Byfleet 41141, ext. 205 X-ray Dept.).

### Surgical Instruments Design Contest

The above contest is open internationally to any individual, firm or institute and any instrument or system related to surgery is eligible. There are three awards of \$1500, \$1000, \$500 and a plaque. Further details from: Lior Rosenberg, MD Department of Plastic & Reconstructive Surgery, POB 151, Soroka University Centre, Beer Sheva, Israel (tel: 39068, 60821).

### Royal College of Physicians and Surgeons of Canada

The 56th Annual Meeting of The Royal College of Physicians and Surgeons of Canada will be held in the Convention Centre in Winnipeg, Manitoba, Canada, in association with The Canadian Society for Clinical Investigation and 27 specialty associations, from 11 to 16 September 1987.

Five post-graduate courses, nine poster sessions, three meet-the-professor sessions, three workshops, 58 symposia and 60 free communication sessions are planned. In addition, the meeting will again offer a Medical/Surgical Exhibition featuring both scientific and commercial exhibits, approximately 40 in all. Further details from: Anna Lee Chabot, Head - Meetings and Assemblies Section, Office of Fellowship Affairs, The Royal College of Physicians and Surgeons of Canada, (tel: (613) 746-8177).

### International Union Of Angiology

The fourth meeting of the European Chapter of the above Union will be held in Brussels from 15 to 17 October 1987. The main topics are *Arterial Diseases in Women* and *Angiodysplasias*. Further details from E.C.C.O., Rue Vilain XIII, 17a, B-1050 Brussels (tel: 32.2.6478780; telex: 61434 sdrbru b).

### Advanced Course in Plastic Surgery

The fifth meeting of the third series will be held on 23/24 September 1987 (Manchester), subject: Facial trauma/Facial palsy. This course is aimed at consultants and senior registrars in plastic surgery, to whom places will be initially offered. Other medical graduates are encouraged to apply, and will be offered remaining places, two months before the course commences. Further details from: Mrs H Roberts, British Postgraduate Medical Federation, 33 Millman Street, London WC1N 3EJ (tel: 01-831 6222, ext. 39).

### Surgenomics

The 32nd World Congress of Surgery, organised as a *Surgical Week* will be held in Sydney, Australia, 20-26 September 1987, by the "Societe Internationale de Chirurgie" (S.I.C.). The International Federation of Surgical Colleges is one of the 14 participating surgical societies and is organising a symposium on the "Utilisation of Limited Financial Resources in Surgical Care" - (Surgenomics). The Symposium will take place from 08.30 hours to 10.30 hours on Thursday 24 September 1987 will include guest international speakers. Further details from The Secretariat, 32nd World Congress of Surgery, G.P.O. Box 609, Sydney, N.S.W. 2001, Australia.

### Cardiovascular Problems and the Anaesthetist

A symposium on the above will be held at the Walsgrave Hospital, Coventry on 21 October 1987. Further details from: Dr C J Knickenberg, Department of Anaesthetics, Walsgrave Hospital, Coventry, CV2 2DX (tel: Coventry 613232, ext. 580).

### 17th World Congress for Orthopaedic and Traumatological Surgery

The 17th World Congress of the International Society for Orthopaedic and Traumatological Surgery (SICOT 87) will be held in Munich from 16 to 21 August 1987. Sixty eight countries will be represented including USA, Japan and Eastern Europe. There will be technical and experimental demonstration and visits to orthopaedic and trauma clinics in West Germany, Austria, and Switzerland. Further details from: Dr Wilhelm Baur, SICOT, Orthopädische Klinik, D-8501 Schwarzenbruck, West Germany (tel: 09128/403244).

### Lithotripsy II

An international symposium of second generation Lithotripsy for urologists and hospital administrators will be held at the London Lancaster Hotel on 5 October 1987. Further details from: Ms P Sleight BDI, Conferences, Kensington Business Centre, 9-11 Kensington High Street, London W8 5NP (tel: 01 938 1721).

### Job vacancies

i) *Senior Clinical Tutor, Microbiology*  
ii) *Senior Clinical Tutor, General Surgery*  
The Commonwealth Fund for Technical Co-operation has received technical assistance requests from the Government of Fiji to provide two Senior Clinical Tutors for the Fiji School of Medicine. For this assignment, the Fund is considering the same emoluments package (comprising basic salary plus induction allowance and service gratuity) in the region of £18,200 per annum (tax free). In addition, housing and education allowances, installation grant and shipment of personal effects are provided. Copies of job descriptions are obtainable from: Mrs R M Odiachi, Executive Officer, Commonwealth Secretariat, Marlborough House, Pall Mall, London SW1Y 5HX to whom full c.v.s should be sent.



## General information

### College address for correspondence

Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN (tel: 01-405 3474). Cables and tele-messages: Collsurg, WC2, London.

### Officers of the College

Secretary of the College, the Faculty of Dental Surgery, the Trustees of the Hunterian Collection, and the Joint Committees for Higher Surgical Training and for Higher Training in Dentistry: R S Johnson-Gilbert OBE MA Hon FFARCS

Chief Accountant: R J Townsend FCCA

Examinations Secretary: C J Lambert MA

Secretary, Faculty of Anaesthetists and Joint Committee for Higher Training of Anaesthetists: S N Alan LLB BBA

Appeal Secretary: R N Hickling BA

Assistant Secretaries: W Webber MA (Senior: Surgical Training); C Duncan BA; A C de Looze MA (General); T F Cole BA (Personnel); Miss P A Clarke (Faculty of Dental Surgery); J West (Examinations).

### Hunterian Institute

The Hunterian Institute has been formed to combine and coordinate the teaching and research activities of the Departments of the former Institute of Basic Medical Sciences (Anatomy, Pathology, Pharmacology, Physiology and Surgical Sciences, and Biochemistry) and the Research Departments of the College (Dental Science, Anaesthetics, Ophthalmology and Physics in relation to Surgery). The Museums and Library, together with the course run by the College, including craft workshops and advanced courses for Consultants, all come under the aegis of the Hunterian Institute.

Master: Professor Sir Gordon Robson CBE FRCS FFARCS

Secretary: C Duncan BA

### Examinations

All enquiries relating to Examinations of the College and its Faculties should be addressed to the Examinations Secretary, C J Lambert MA at the College (address and telephone number above).

### College facilities

These include a common room for Fellows of the College and Faculties and a cafeteria open for lunch on weekdays to anyone having occasion to visit the College.

### The Library

The Library (Librarian: I F Lyle ALA; Sub-Librarian: F K Sherwood BSc ALA MI INF SCI) is open each weekday from 10am to 6pm and is closed on Saturdays, Bank Holidays and throughout the month of August. It is a *reference* collection of both current and historical material with a stock of over 160,000 books, periodicals and pamphlets. Nearly 600 current periodical titles are received and in addition there are about 3,500 non-current periodical sets dating from the seventeenth century. The Library is particularly rich in the literature of surgery and all its specialities including anaesthesia and oral surgery, and of anatomy, physiology and general pathology. There are also large collections of manuscripts, autograph letters, engraved portraits and photographs.

All the collection is available for consumption in the Library. Items are not lent to individuals, but books, periodicals and pamphlets less than fifty years old are lent to other medical libraries. Photocopies can be supplied at a cost of 10p per sheet plus postage, subject to copyright restrictions and to the condition of the original.

Literature searches can be undertaken using MEDLINE and other databases, for which a fee of £10.00 per search is normally charged, but this can vary, depending upon the complexity of the search and the databases used. Searches of the older literature can also be made, but in all cases enquirers are recommended to discuss their requirements with the library staff. Where requests for searches are made in writing it would be helpful to receive full details of the subject of the search, to know whether clinical or research papers are required, and if there are any date or language restrictions. Photocopies of papers retrieved by searches can be supplied if required.

Lists of books added to the Library are published from time to time. In future these lists will no longer appear as supplements to the *Bulletin* but may be obtained by writing to the Librarian.

### Museums

The Hunterian Museum (Conservator: Professor J L Turk, George Qvist Curator: Miss E Allen) is open each weekday from 10am to 5pm. It is closed on Saturdays and during August and on Bank Holidays. The Wellcome Museums of Anatomy and Pathology are open during normal working hours Mondays to Fridays only and are closed during August and on Bank Holidays.

### Down House

Down House, Downe, Kent BR6 7JT (tel: Farnborough 59119). The home of Charles Darwin in the possession and under care of the College. Visitors most welcome. Open daily from 1pm to 6pm (no admission after 5.30pm) except Mondays and Fridays. Closed during February and on Christmas Eve, Christmas Day and Boxing Day. Open on Bank Holiday Mondays (except as above). Admission £1.20 for adults, 60p for pensioners and 30p for children. Taxis and buses (146) from Bromley North or South stations or taxi from Orpington. Enquiries should be addressed to the Custodian, P A Titheradge.

### Nuffield College facilities

Accommodation: subject to availability rooms may be booked for long or short periods, including some rooms for married couples. Enquiries to the Bursar.

### College facilities for functions and conferences

All enquiries to the Assistant Secretary (Personnel).

### Subscription Dinners

These are held on the first or second Wednesday in certain months of the year. All Fellows and Members and other diplomates of the College and its Faculties are eligible to attend, with their guests. Details are available from the Catering Supervisor at the College, to whom all enquiries should be addressed. Tickets: £18, including drinks at reception and wine at dinner.

### Hunterian and Arris and Gale Lectures

Fellows and Members wishing to apply to give a Hunterian or Arris and Gale Lecture are advised to obtain the regulations from the Secretary. Applications are invited by advertisement in the medical journals in November each year. Applicants are asked to submit 35 copies of a synopsis of approximately 500 words describing the subject of the proposed lecture. The degree of originality should be indicated. Work carried out under a superior must be shown to have the latter's approval before being submitted. No special form of application needs to be completed.

### Examinerships

Vacancies are advertised as follows:

Court of Examiners (Final Membership and Fellowship)—*College and Faculty Bulletin*, *BMJ* and *Lancet*, March and September.

Primary Fellowship and surgical diplomas—*BMJ* and *Lancet*, February.

Faculty of Dental Surgery—*BDJ*, third Tuesday in November.

Faculty of Anaesthetists—*College and Faculty Bulletin*, November.

### Letters

It is not proposed to include letters from Fellows or Members in the *College and Faculty Bulletin*. Comments or enquiries relating to items included in the *Bulletin* should be addressed to the Secretary who will, where appropriate, refer them to the relevant Committee.